



Disability and Diversity

**A General Information and Support Guide  
to  
Specific Learning Difficulties**

HQ Air Cadets Educational Advisor

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## **ASPERGER SYNDROME**

1. Asperger Syndrome (AS) is a disorder on the autism spectrum that causes restrictions to normal functioning in communication, socialisation, and imagination - the ability to behave and think with any level of flexibility. Often there is restriction in physical co-ordination. It affects boys and girls, but affects boys in significantly higher numbers.
2. Asperger Syndrome is very individual. There will be wide variations in the degree of difficulties it presents.
3. As people are usually of average intelligence or above, who have good verbal skills. Good verbal skills mask a tendency to rely on literal meaning and an inability to read facial expressions and body language. People with AS usually have a narrow range of interests, an adherence to specific rituals, and a pronounced lack of flexibility. People with AS do not like change. They like “sameness”. They are comfortable in their routines. People with AS make better efforts to adapt socially than do those with autism. They have a genuine desire to make social contact. Anxiety features significantly in the lives of those affected. Often the anxiety is related to low self esteem, fear of failure, fear of being misunderstood and of not understanding others. There is also the anxiety associated with an awareness of being different and not fitting in. People with AS can be very egotistical and chauvinistic, and create impossibly high standards for themselves in all that they do.

How to help your cadets:

- a. Be explicit with instructions and information.
- b. Back up instructions with written notes/lists wherever possible.
- c. Write assignments clearly and simply.
- d. Where ever possible give advance warning of any changes.
- e. Be aware of the high anxiety levels of cadets with AS.

Further information: The National Autistic Society [www.nas.org](http://www.nas.org).

## **ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

4. Attention Deficit Hyperactivity Disorder is a medical diagnosis to describe a syndrome of emotional and behavioral difficulties exhibiting extreme levels of impulsivity, inattentiveness and motor activity.
5. How to help your cadets:
  - a. Create a structured environment so cadets have fewer problems with starting and completing tasks, making transitions, working with others, following directions, organising projects and maintaining attention.
  - b. They need predictability, structure, short work periods, more individual instruction, positive reinforcement and an interesting programme.
6. Instructors should:
  - a. Have positive expectations.
  - b. Monitor progress regularly throughout the lesson.
  - c. Give directions clearly and frequently, and wherever possible, back up with written/visual instructions.
  - d. Be consistent, firm, fair and patient
  - e. Give constant feedback
  - f. Display “classroom rules” which are unambiguous and written in a positive way
  - g. Make clear lists - these cadets need reminders they can access themselves
  - h. Repeat directions - write them, say them out loud more than once
  - i. Check that the cadet understands
  - j. Make lots of eye contact
  - k. Make sure the cadet knows the boundaries
  - l. Tell them what you want - give them the positives
  - m. Avoid timed tests - they will not tell you what the cadet knows
  - n. Break down each task into its smaller component parts
  - o. Allow “time out” if required
7. Further Information: ADHD Information Services [www.addiss.co.uk](http://www.addiss.co.uk).

## DIABETES

8. Around 1.4 million people in the UK are known to have diabetes. It can occur at any age and becomes more common as people get older. There are also estimated to be around another million people who have diabetes but don't know it.
9. Diabetes develops because the glucose in a person's body is not being turned into energy, either because there is not enough insulin in their body or because the insulin produced is not working properly. Glucose is developed from the digestion of sugar and starchy foods. The first symptoms of diabetes are often tiredness, weight loss and constant thirst.
10. There are two types - Type 1 and Type 2:
  - a. Type 1 diabetes usually affects younger people and both sexes are affected equally. People affected by Type 1 diabetes need regular injections of insulin
  - b. Type 2 diabetes usually appears in middle age or older people, although occasionally it does affect younger people. Overweight people are more likely to develop Type 2 diabetes and it often runs in families. Type 2 diabetes can be controlled by a healthy diet
11. How to help your cadets:
  - a. Recognise that concentration may be erratic depending on glucose levels
  - b. Cadets may need to eat or drink during class time
  - c. Make a private space available for insulin injections and self administered blood tests
  - d. Know what to do if your cadet should fall into a diabetic coma (diabetics should carry glucose tablets with them) If in doubt call 999
  - e. Know who your nearest first aider is
12. The majority of people receiving treatment for diabetes live a normal working and personal life, taking part in any activities they wish. Untreated diabetes, however, or lack of attention to prescribed medication and dietary advice can be very serious, leading to a person going into a diabetic coma. In the longer term, lack of satisfactory regular treatment can cause serious health problems, including blindness, heart disease and kidney failure.
13. Diabetes UK provides useful information and advice, and has regional offices and voluntary groups working throughout the UK.
14. Further information: [www.diabetes.org.uk](http://www.diabetes.org.uk).

## **DYSLEXIA**

15. It is estimated that around 4% of the population of the UK are severely dyslexic and a further 6% have mild to moderate dyslexia. The word dyslexia originates from a Greek word meaning 'difficulty with words'. It is a difference in the brain area that deals with language and affects the underlying skills needed to read, write and spell. Brain imaging techniques show that dyslexic people process information differently.

16. From a very early age, there are different indications that a person may be dyslexic, for example, enjoying being read to but showing no interest in letters or words; later than expected speech development; difficulty remembering words associated with familiar objects like a table or chair.

17. A dyslexic cadet may:

- a. Have difficulty reading, writing and spelling
- b. Put letters and figures the wrong way round
- c. Take longer than average to do written work
- d. Have a general difficulty in telling left from right
- e. Have difficulty kicking or throwing a ball or even performing drill
- f. May also be a family history of dyslexia and reading difficulties

18. Cadets with dyslexia will be receiving specialist support at school and should be developing strategies to overcome everyday difficulties. However, they may be unwilling to reveal their condition due to peer expectations of "normalness". Identifying suitable learning styles which suite each individual will help with training.

19. The main styles are:

- a. Auditory (lectures, audio tape, dictation, discussion)
- b. Visual (videos, pictures, colour coding, computer-based learning)
- c. Kinesthetic (diagrams, visits/trips, interactive CD-ROMs, activity-based learning)

20. Adults with dyslexia may experience:

- a. Difficulties such as getting dates in the wrong order
- b. Misreading words and sentences resulting in misunderstandings
- c. Erratic spelling
- d. Difficulty organising thoughts and activities

21. Local dyslexia associations and adult education centres can provide advice and information on available tuition for adults to improve their skills.
22. The British Dyslexia Association website has useful background information on dyslexia and full details of local associations and other relevant contacts. It also provides specific information for organisations and dyslexia awareness training.
23. People with dyslexia sometimes lack self-confidence and worry about their ability to earn a good living. However they can work in all different types of professions. They may have excellent creative skills, be good at dealing with people and problems or work in sports and activities for example. Many people with dyslexia are successful, too, in professions needing skills with words - such as journalists, authors, editors, scriptwriters, politicians, actors and actresses, presenters and singers.
24. Activities such as listening to a lecture, taking notes, or organising the writing of answers or notes, may be very challenging to the dyslexic cadet and can cause immense stress.
25. Some measures which may be helpful:
  - a. Be aware of your language; vary your speed of delivery
  - b. Create a multi-sensory learning environment; videos, pictures, diagrams, practical and experiential activities
  - c. Introduce new ideas and concepts explicitly
  - d. Provide an overview of your topic so cadets know what to expect
  - e. Allow time for questions and give concrete examples
  - f. Give explicit instructions
  - g. Teach specific strategies for organising work
  - h. Be sympathetic
  - i. Give constructive feedback on errors or mistakes
  - j. Avoid putting the cadet in a position of public failure (ie by asking them to read aloud)
  - k. Provide handouts and summaries before lectures for pre-reading
  - l. Do not expect a dyslexic cadet to answer questions in the whole group or talk in large groups
  - m. Use clear overhead projections, slides or PowerPoint presentations (ie do not put too much information on a single slide)
  - n. Encourage the use of information technology

- o. Give the spelling of new or difficult vocabulary
- p. Encourage cadets to find 'buddies' who will share notes
- q. Present material in short chunks
- r. Allow time for absorption of information, reinforcement and frequent revision

26. Further information: The British Dyslexia Association, 98 London Road, Reading, RG1 5AU. 0118 966 2677. Helpline: 0118 966 8271. Website: [www.bda-dyslexia.org.uk](http://www.bda-dyslexia.org.uk) or Local Adult Education Centre and Jobcentre Disability Employment Advisor.

## INSTRUCTOR CHECKLIST FOR DYSLEXIA

27. If you suspect that one of your cadets may have dyslexia, complete the following checklist. Answer 'yes' or 'no'. If your cadet has more 'yes' than 'no' answers, consider Dyslexia support.

	Yes	No
Does the cadet have a Statement of Educational Need or have they received extra support at school?		
Do you find there are discrepancies between the quality of the cadet's ideas, understanding and ability when speaking and the quality of their written work?		
When writing, does the cadet use simple, unsophisticated language avoiding the use of long words?		
Does the cadet write less than you would expect?		
Does the cadet make persistent errors with spelling even in common words, especially homophones: there, their, no, know?		
Does the cadet display confusions with b and d; p and q; 6 and 9?		
Does the cadet have poor handwriting ie. inconsistent in formation; difficult to read; variable in style; messy?		
Does your cadet have difficulty taking notes and listening at the same time?		
Is your cadet a 'quick forgetter'?		
Does your cadet have difficulty maintaining concentration in class?		
Is your cadet easily distracted?		
Is your cadet often late for classes or forgets which room they should be in?		
Is your cadet disorganised eg. folders in a mess?		
Does your cadet have difficulty with the pronunciation of multi syllabic words?		
Have you noticed your cadet using avoidance strategies when reading is required eg. being absent, never volunteering for roles that involve reading?		

## **DYSPRAXIA**

28. Also known as Developmental Co-ordination Disorder or Motor Learning Difficulties, Dyspraxia refers to individuals who have movement difficulties. Approximately 1 in 30 people suffer from the condition, with boys affected four times more frequently than girls.
29. Cadets may have trouble with some of the following:
- a. Dressing (ie doing up buttons or tying shoe laces)
  - b. Picking up small objects
  - c. Left / right orientation
  - d. Concept of in / on / behind, etc
  - e. Riding a bicycle, PE, ball-games
  - f. Drawing or copying a drawing
  - g. Holding a pencil
  - h. Doing a sorting game or activity
30. There might also be some speech and language or pronunciation difficulties caused by problems coordinating the various movements of the mouth and tongue.
31. How to help your cadets - social integration:
- a. Offer lots of public praise at the appropriate time, but ensure that other cadets do not begin to feel this is unfair treatment
  - b. Always pick good points from the cadet's work. Give him or her some responsibilities/tasks which should involve others and encourage teamwork
  - c. Encourage the cadet to 'join in' with other cadets, by helping find and develop common interests such as flying and aviation, etc. Encourage other cadets to help him or her join in, to improve skills, and dissuade them from isolating the cadet with dyspraxia
  - d. The cadet needs to feel included with his or her peers and observe the same rules. This helps to heighten their own awareness of behaviour
32. Further information: The Dyspraxia Foundation Tel: 01462 454986  
[www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk).

## EPILEPSY

33. Epilepsy is a neurological condition, which affects the nervous system. Epilepsy is also known as a *seizure disorder*. It is usually diagnosed after a person has had at least two seizures that were not caused by some known medical condition like alcohol withdrawal or extremely low blood sugar.
34. What is a seizure?
- A seizure is a sudden surge of electrical activity in the brain that usually affects how a person feels or acts for a short time
  - Seizures are not a disease in themselves. Instead, they are a symptom of many different disorders that can affect the brain
  - Some seizures can hardly be noticed, while others are totally disabling
35. Symptoms of a seizure:
- A seizure is usually defined as a sudden alteration of behaviour due to a temporary change in the electrical functioning of the brain, in particular the outside rim of the brain called the *cortex*
  - Seizures can take on many different forms and seizures affect different people in different ways
36. Seizures have a beginning, middle, and end:
- When an individual is aware of the beginning, it may be thought of as a warning or aura. On the other hand, an individual may not be aware of the beginning and therefore have no warning
  - The middle of the seizure may take several different forms. For people who have warnings, the aura may simply continue or it may turn into a complex partial seizure or a convulsion. For those who do not have a warning, the seizure may continue as a complex partial seizure or it may evolve into a convulsion
  - The end to a seizure represents a transition from the seizure back to the individual's normal state. It may last from seconds to minutes to hours, depending on several factors including which part(s) of the brain were affected by the seizure and whether the individual was on anti-seizure medication. If a person has a complex partial seizure or a convulsion, their level of awareness gradually improves during the post-seizure period, much like a person waking up from anaesthesia after an operation
37. Epilepsy is perfectly compatible with a normal, happy and full life. The person's quality of life, however, may be affected by the:
- Frequency and severity of the seizures

- b. Effects of medications
- c. Reactions of onlookers to seizures
- d. Other disorders that are often associated with or caused by epilepsy

38. Acquiring a positive outlook may be easier said than done, especially for those who have grown up with insecurity and fear. Instilling a strong sense of self-esteem is important. Many children with long-term, ongoing illnesses (not only epilepsy but also disorders such as asthma or diabetes) have low self-esteem. This may be caused in part by the reactions of others and in part by parental concern that fosters dependence and insecurity. Children develop strong self-esteem and independence through praise for their accomplishments and emphasis on their potential abilities.

39. Further information: British Epilepsy Association [www.epilepsy.org.uk](http://www.epilepsy.org.uk).

## HEARING IMPAIRED

40. Access to Spoken Information:
- a. Many deaf people lip-read. This takes a lot of concentration. At best only about 40% of all sounds are visible on the lips. It is very tiring
  - b. Most deaf people use their hearing to some extent, sometimes with hearing aids
  - c. A significant minority of deaf people use a sign language system, usually BSL (British Sign Language)
  - d. People who have been deaf from birth or from a young age may have had difficulty in acquiring spoken and written English, so they will have a language disability
  - e. Deaf people will have their own preferred strategies for accessing the information you provide in lessons (ie working independently with support and assistance from you, assistive technology, etc)
41. Classroom Strategies:
- a. Allow cadets the opportunity to prepare by issuing handouts, reading references and notes in advance
  - b. Allow cadets to choose their position in the classroom
  - c. Pay attention to lighting and background:
    - (1). Room well lit
    - (2). Keep away from windows and lamps (if you are silhouetted by bright lights behind, you are difficult to lip-read)
    - (3). Background noise kept to a minimum
  - d. Keep face visible, unobstructed:
    - (1). No pens, cups, hands, etc, in front of your mouth
    - (2). Don't eat or chew
  - e. Lip-reading is tiring. Break up the session with other types of work, opportunities to look at illustrations, etc
  - f. Back up spoken delivery with handouts, especially key vocabulary
  - g. Do not expect the deaf cadet to be able to read and watch/lip-read at the same time. Allow time to read handouts, etc

- h. Ask cadets to indicate if they want to speak and don't allow them to talk over each other
  - i. Try to reiterate their questions and comments from the front
  - j. Include the deaf cadets in class discussion, but do not 'pounce' on them, they may be working with a slight time lag
  - k. Do not stand behind a deaf cadet when they are working, as they will not know if you are speaking to them and will have to turn away from their activity to find out
  - l. Deaf cadets cannot lip-read you and continue with their work or observations at the same time
  - m. Make sure you have the attention of the deaf cadet before you begin any explanation. Think about your position in the room
  - n. Make sure the deaf cadet can see both what you are saying and what you are doing
42. Learning strategies for communication – hearing aid users:
- a. Monitor noise levels and acoustics. Hearing aids amplify all sounds and cannot discriminate between speech and background environmental noise. This background noise should be minimised where possible. The use of buffers on chair legs, fabric on the walls for display and monitoring conversation levels are all helpful
  - b. Ideally, the cadet should be seated to the side and front of the group to get a good pattern of your voice and to view group discussion
  - c. In group work, the cadet will not be able to follow the whole discussion, try to reiterate important points contributed by others and try to make sure there is only one person speaking at a time
  - d. Do not constantly walk up and down the room, keep still
  - e. Always directly face the cadet when talking to them, they need to see you clearly
43. Further information: RNID [www.rnid.org.uk](http://www.rnid.org.uk).

## **LANGUAGE**

44. Some cadets do not have English as their first language. You may notice difficulties such as:
- a. Problems with word order
  - b. Repetition of words and ideas
  - c. Sentences are very simple, or longer and inaccurate
  - d. Phonetic spelling
  - e. When you read the cadet's work, it doesn't read smoothly as the sentences are not linked
  - f. Some tend to write more in sentences than paragraphs and paragraphs do not always follow a central theme
  - g. Over-use or limited use of a full stop
  - h. Some cadets regularly miss out or misuse 'the'
45. As an instructor you can help your cadets by:
- a. Using a variety of teaching strategies
  - b. Giving clear and explicit instructions
  - c. Avoiding using idioms and slang as these can cause confusion
  - d. Using visual and kinaesthetic strategies such as those used with dyslexic cadets are often very helpful

## **USERS OF ENGLISH AS AN ADDITIONAL LANGUAGE, ETHNIC MINORITIES AND REFUGEES**

46. There are overlapping, but not identical issues here and a further group of issues which relate specifically to refugees. There is a backdrop of attitudinal, political and cultural questions which is worth noting when considering delivery to these groups.
47. Users of English as an additional language:
- a. A great diversity of language is represented with many being multi-lingual
  - b. Facility in the use of English does not correlate with ethnic origin or with level of previous skill attainment and least of all with intelligence
  - c. Learn from your cadets what they already know, and what it is they wish to achieve
48. Refugees:
- a. Many refugees are dealing with significant barriers to learning:
    - (1). They may have been through terrifying and traumatising experiences
    - (2). They may have lost close relatives or have relatives who are missing
    - (3). They may have had bad experiences with officials
    - (4). It may be hard for them to concentrate on other issues
    - (5). They are significantly poorer since arriving in Britain
    - (6). They face an uncertain future
  - b. At the same time, most refugees have characteristics which make them effective, committed learners:
    - (1). Many are highly motivated and determined to learn fast
    - (2). A high percentage are well educated although not necessarily in English
    - (3). Many have already acquired formal English
    - (4). Many are looking forward to a new start

## **VISUALLY IMPAIRED**

49. Partially sighted cadets may be able to use some sighted methods of study. Even some registered blind people may use some sighted methods. Conditions of sight vary enormously; it is best to see the following as a range of strategies, some of which may work with any given cadet. Do not expect a particular cadet to be able to use all of the strategies listed.

50. How to help a cadet using sighted methods:

- a. Make sure your cadets can see what you are doing without drawing attention
- b. Encourage them to stand close to the activity being demonstrated
- c. Make sure the lighting is adequate and not causing a solid shadow
- d. Make sure cadets can see any aids you are using:
  - (1). Bring things closer to the cadet
  - (2). Magnification
  - (3). Illumination, including 'task lighting'
  - (4). High contrast – display objects on contrasting coloured card
  - (5). Consider angle of view – an angled desk top or copy holder eases neck strain
  - (6). Distribution of material in advance to the cadet
- e. Choose an accessible method:
  - (1). Do not fall into the trap of writing everything down
  - (2). Many of your cadets (not just blind or partially sighted ones) will benefit from various means of delivery
  - (3). If you are dealing mostly in written materials, reinforce or explain orally, or use other media (ie tape recording)

51. How to help a cadet using non-sighted methods:

- a. Ensure that the student is mobile:
  - (1). Provide an opportunity for the blind cadet to find their way to the room, around the room, and to any other important places
  - (2). Help them to learn the layout of rooms used regularly
  - (3). Do not change rooms or room layout frequently

- (4). If you think your blind cadet requires assistance, or if they tell you that they do, ask them how this can best be given
  - b. Introduce yourself:
    - (1). A blind cadet cannot tell by looking at you that you are the instructor
  - c. Give oral information:
    - (1). Avoid confusing references like 'the book you need is over there', or 'you, you and you do this task'
52. Using printed information in the classroom:
- a. Always ensure, by discussion with the cadet, that they will be able to access the handout. Certain types (ie newspaper article) will need to be read out
  - b. If using an OHP or PowerPoint, talk through what you are showing
53. Eye Conditions:
- a. There is a broad, and sometimes confusing, range of conditions which can affect a person's sight or result in them being registered blind
  - b. always, the rule here is to work with the cadet and ask what works best for them
  - c. Don't make assumptions (ie because you see a person walking 'easily' along the corridor, or picking up a pencil from the floor, this does not mean they can see)
  - d. They will have to tell you what the nature of their disability is and what they can and cannot see
  - e. Work with them to ensure maximum access to all of what you teach
  - f. Remember:
    - (1). Openness (to what the cadet presents as their needs)
    - (2). Patience (to work with them and find solutions)
    - (3). Respect (for what your cadet already knows, what they are trying to accomplish and the efforts they are making to learn what you are teaching)